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## \*BIBDATASHEET\*

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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/757,288	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> BIO-173-CIP
<b>APPLICANTS</b> Yaron Keidar, Haifa, ISRAEL; Assaf Govari, Haifa, ISRAEL; Yitzhack Schwartz, Haifa, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/277,079 10/21/2002 PAT 7,001,383				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 48
Verified and Acknowledged		Examiner's Signature	Initials	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27777				
<b>TITLE</b> PREDICTION AND ASSESSMENT OF ABLATION OF CARDIAC TISSUE				
<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	